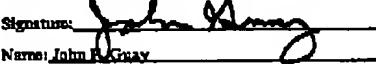
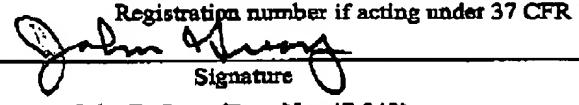


**RECEIVED  
CENTRAL FAX CENTER**

OCT 31 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 742420-16										
<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Assignment Commissioner</u> for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-273-8160, on October 31, 2005.  Signature:  Name: John E. Guay												
<b>In re Application of:</b> David Weiss  <b>Application Number:</b> 10/596,431 <b>Filed:</b> June 16, 2000 <b>For:</b> MEDIA BRIDGE METHOD AND APPARATUS <b>Group Art Unit:</b> 2143 <b>Examiner:</b> Joseph E. Avellino												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td style="text-align: right;">\$ 225.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li><input type="checkbox"/> attorney or agent of record.</li> <li><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</li> </ul> <p>            Signature  <u>John E. Guay (Reg. No. 47,248)</u>            Typed or printed name         </p> <p style="text-align: right;"><u>October 31, 2005</u>            Date</p> <p style="text-align: right;">202-585-8000            Telephone Number            11/02/2005 MBINHS 00000022 192380 09596431</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ 225.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ 225.00											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____											

SEND TO: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

W685233.1